

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2005

Eller But to Catalog L. North							
Filing Period: September 1 - November 1 • Filing Fee: \$50.00  (FORM MUST BE TYPED OR PRINTED IN BIACK)							
1. ID No.						<u> </u>	
113441		alty, LLC					
3. State of Formation	T	4. Brief description of th	e character of the business whi	ch is actually conducted in Rhode Islar	ıd		
RHODE ISLAND REAL ESTATE							
5. Principal office address			City	State		Zip	
6. Mailing Address of Limited Liability Company and Name			OR TITLE OF CONTACT PER	KI	· 	02865	
Contact Name				Contact Title		<del></del>	Automic Sie Scholler
Michael	$\Delta$ .	ALVan	•	President			
Street Address	1		<u> </u>	City	State	<del></del>	Zψ
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7. NAME AND ADDR	ESS OF	EACH MANAGER (	OF THE LIMITED LIABI	LITY COMPANY, IF APPLICAL		. —	
ANY	MODIF		BEFORE USING ATTAC NAGERS REQUIRES FIL	CHMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.I			-52
Manager Name				Manager Name			
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Street Address			Street Address				
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City		State	Zip	City	State		Zip
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Manager Name		• • • • • • • • • • • • • • • • • • • •		Manager Name			
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Street Address				Street Address			
	r		T		1.		
City		State .	Zip	City	State		Zip
8. RESIDENT AGENT	I IN RHC	DE ISLAND - DO		require filing of Form 642 -	. l R I.G.I 7-1	6.11	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT-ALTER - Changes $\textit{Agent Name}$			Address				
MICHAEL A. AKKAOUI							
Address				City Zip		Zίρ	
6 NEW ENGLAND WAY				LINCOLN 02865-			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date 9/8	105 *113441*
Check No. 2620	20
By:	V OF STATE AND AND A
, FOR SECRETARY	Y OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Print or Type Name of Authorized Person



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2004

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_

Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST HE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 113441 TAT Realty, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **REAL ESTATE RHODE ISLAND** 5. Principal office address State 02865 6. MAILING ADDRESS OF LIMI TED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Micha Street Address State 02865 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Street Address State ZipManager Name Manager Name Street Address Street Address City Zip City State State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name MICHAEL A. AKKAOUI Address Zip City LINCOLN **6 NEW ENGLAND WAY** 02865-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 1117 94			
Check No. 068229			
Ву: 🚫 ,			
FOR SECRETARY OF STATE USE ONLY			

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person Date

Print or Type Name of Authorized Person



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2003

-	ember 1 - November 1	• Filing Fee: \$5	50.00				
(FORM MUST BE TYPED OR PRINTED IN BLACK)  1. ID No. 2. Exact name of the limited liability company							
113441	2. Exact name of the limited hability company  TAT Realty, LLC						
3. State of Formation	<u>,                                     </u>	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND REAL ESTATE							
5. Principal office addre	zs.	·	City	State	Zip		
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Contact Name			: Contact Title				
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Street Address	<u> </u>	· · · · · ·	City	State	Zip		
6 Up	w Excland		المناء الما	1 721	02865		
7. NAME AND ADD	, · -	•	ED LIABILITY COMPANY, IF	APPLICABLE	1 2		
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Al	NY MODIFICATIONS TO	) MANAGERS REQU	IRES FILING OF AMENDMEN		7-16-52		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zíp	City	State	Zip		
Manager Name			Manager Name	Manager Name			
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Street Address			Street Address	Street Address			
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City	State	Zip	City	State	Zip		
e prement aber	T IN PHODE ISLAND.	DO NOT ALTER	: Changes require filing of Fo	 	i		
Agent Name	AT IN KHODE ISLAND	- DO NOT ALTER -	Address	7111 042 - R.I.G.L. /-10-11			
MICHAEL A. AKKAOUI			, mures				
	UI			т			
Address			City	'			
6 NEW ENGLAND WAY			LINCOLN	LINCOLN 02865-			
			<u> </u>				

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	* 1 1 3 4 4 1 *
File Date	9-10-03
Check No.	25221
Ву:	Zi

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

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Signature of Authorized Person .	Date	7	<b>'.</b>

Michael	$\Delta \cdot$	4KKA0
Print or Type Name o	f Authorized	Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 113441 TAT Realty, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **REAL ESTATE RHODE ISLAND** State Zip 5. Principal office address 02865 ABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON 6. MAILING ADDRE Contact Title Contact Name nomA Street Address 02.865 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT□ FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address Street Address Zip City State Zip City State Manager Name Manager Name Street Address •Street Address City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER: Changes require filling of Form 642 - R.I.G.L. 7-16-11 Agent Name Address SANDRA MATRONE MACK, SEC. ASLAW, LLC City Zip Address **1500 FLEET CENTER** PROVIDENCE 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person Date

Print or Type Name of Authorized Person

Filing Fee: \$50.00

## To be filed annually between September 1 and November 1



ID Number DLLC 113441

By:

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

Annual Report for the year 2001

#### **5**

Form No. 632 Revised 01/99

#### LIMITED LIABILITY COMPANY

	Number DEED 110-1-1	Allian Report of the year.			
1.	ne name of the limited liability company is:				
	TAT Realty, LLC				
2.	The address of the principal office of the	ne limited liability company is:			
	6 New England Way, Lincoln, RI 0	2865			
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND				
4. The name and address of its resident agent is: SANDRA MATRONE MACK, SEC.					
	HASLAW, LLC 1500 FLEET CENTER	PROVIDENCE RI 02903-			
5. The current mailing address of the limited liability company and the name or title of a person to whom commun					
	may be directed are: Elizabeth M	1. Myers, Esq.			
	1500 Fleet Center, Providence, RI	02903			
6.	A brief statement of the character of state: Real estate	the business in which the limited liability company is actually engaged in this			
7.	If the limited liability company has mar Name	nagers, the name and address of each manager of the limited liability company  Address			
Da	ated	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  TAT Realty, LLC  Exact Name of Limited Liability Company			
	FOR SECRETARY OF STATE USE ONLY Date: 10-25-01	By Jana Matin Mace.  Resident Agent Sec, HASLAW, LLC  Title			

**DETACH BOTTOM BEFORE RETURNING**